

Ageism

This research brief synthesizes scholarship and research exploring the concept of ageism, its multifaceted forms, impacts, and redresses. Ageism is defined as the stereotyping, prejudice, and/or discrimination of individuals on the basis of their age.¹ It is one of the most pervasive, yet least acknowledged and socially accepted forms of prejudice.² Though little recognized, ageism is a significant societal issue and mounting public health concern for the growing global elder population and communities worldwide. Biased attitudes and actions are observed at the individual, societal, and systemic levels. Age-prejudice can be implicit, subtle or evident, and consequential harms may be immediate and/or enduring. Resulting injuries include increased morbidity, marginalization, social privation, and financial damages.³ Effective interventions embrace education, awareness, intergenerational programs, and outreach.

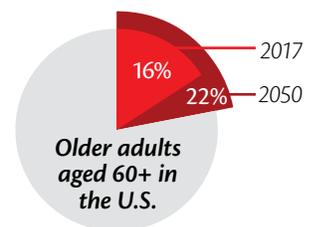
KEY TAKEAWAYS

- Ageism is one of the most prevalent, least recognized, and tacitly normalized forms of stereotyping and prejudice within society.
- Every person who grows old is likely to be the target of ageism at some point in their life.
- Ageist beliefs and attitudes can be explicit or implicit, and manifested at the individual, societal, and institutional levels.
- Age biases have been associated with poor cognitive, functional, and mental health outcomes, employment harassment and discrimination, financial harms, and social marginalization.
- Developing research, practice, education, and policy initiatives to counter ageism is a critical component of healthy aging and a societal imperative.

Demographics

- The World Health Organization projects that by 2050, the global population of individuals aged 60 and over is expected to **triple in size** to 2 billion.⁴
- Older adults aged 60 and older comprised **16% of the U.S. population in 2017** and are expected to account for **22% by 2050**.⁵
- According to the World Values Survey, which elicited over 80,000 responses from adults in 57 countries, over 60% of respondents reported that older people are not treated with respect.⁶
- A 2017 study of age discrimination in the workplace conducted by AARP reported that 61% of respondents aged 45 and older observed or experienced age discrimination. Of those surveyed, 90% said discrimination was somewhat or very common.⁷
- **African Americans reported much higher rates** of experiencing age discrimination or knowing someone who had, at **77%, compared with 61% for Latinos and 59% for Whites**.⁸
- 29.1% of US adults aged 52 and over, among a sample of 4,818, reported age-based discrimination relating to personal and medical issues, including being treated disrespectfully, threatened, and receiving inferior medical attention.⁹

Global population of older adults aged 60+



Experienced age discrimination or know someone who has

African Americans	77%
Latinos	61%
Whites	59%

AGEISM REALIZED

Ageist beliefs reduce older adults to a homogenous, monolithic group sharing the same, often unpleasant characteristics. Collectively, older adults may be negatively cast as cranky, greedy, rigid, dependent, fragile, useless, unattractive, inefficient, burdensome, or ignorant.¹⁰ Adverse and inaccurate constructions of older people as an undifferentiated class skew perceptions of the healthy aging experience, individual aptitudes, personal agency, and the vast diversity among the older population.



At the **individual level**, age-bias is manifested in private communications and social exchanges about older people. Prejudicial attitudes may stigmatize old age and aging.¹¹ Rhetoric may also be directed towards and internalized by elders.¹²



Societal level ageism appears in public discourse, media depictions, and everyday culture. In practice, it can be translated in many ways including employment discrimination and disparate health care treatment and outcomes for older people.¹³

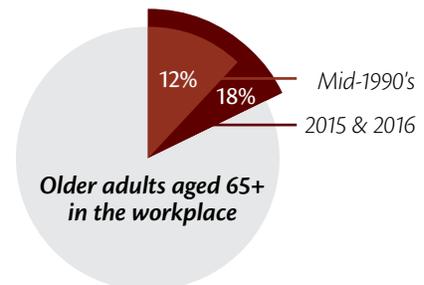


Within systems, age prejudice is embedded in institutional practices, policies, and procedures that reinforce and perpetuate bias and discriminate against older adults. Structural inequities serve to degrade elder respect and dignity and diminish the quality of life for older adults.¹⁴ Examples include forced retirement regulations and the denial of appropriate medical treatment options.

The Reality of Aging

Despite ageist misconceptions to the contrary, older people are vibrant, valuable, and largely independent members of the community. There is significant variability among this population in areas ranging from health needs and function, income and education, to social identity and employment. Individuals among the aging cohort have a diverse range of abilities, interests, experiences, and expertise across domains. Most are fit and able. And the majority lead productive lives and make generative contributions to society.¹⁵

- More than **75% of those over the age of 65 surveyed reported no deficit in vision, cognition, hearing, mobility, communication, or self-care.**^{16,17}
- Most older people reside in their own homes, with less than 5% living in long-term care facilities.¹⁸
- The ratio of people aged 65 and over in the workplace has increased from nearly **12% in the mid-1990's to more than 18% in 2015 and 2016.**¹⁹
- In the past 20 years, the employment of older workers has grown by 117% and is expected to rise.²⁰
- As caregivers and volunteers in non-remunerated, but vital societal roles, older adults contribute substantially to the well-being of communities. **The economic value of this service has been assessed at \$73.5 billion.**²¹



Employment of older adults



Economic value of service contributed by older adults

AGEISM AND ELDER ABUSE

Age prejudice has been found to be a risk factor for elder abuse. The adoption, endorsement, and activation of ageist stereotypes can lead to discriminatory behaviors, including neglect, abandonment, and emotional, financial, and physical harms.²³

Theoretical Constructs

While there is no consensus regarding the concept of ageism or its causes, several theories have been propounded to explain its societal origins and prevalence.²⁴ Several are referenced below.



TERROR MANAGEMENT THEORY

Terror Management Theory posits that the presence of older adults is a persistent reminder of mortality and vulnerability which produces anxiety in people. To allay this death-related fear, individuals adopt worldviews that assure their symbolic immortality and superiority, eschewing those whose transience threatens their perceived invincibility.²⁵



SOCIAL IDENTITY THEORY

Social Identity Theory is premised on the belief that people strive for positive self-identity. To attain this goal, they must distinguish and exalt their group (the in-group) from other groups (the out-groups). As the status of the primary in-group is elevated, out-groups are diminished and rejected. Alliances and identities are forged and defined by group membership, with prejudices towards outsiders resulting.²⁶



STEREOTYPE EMBODIMENT THEORY

Stereotype Embodiment Theory suggests that exposure to negative stereotypes of older adults over the life course can lead to internalized ageism and negative self-perceptions of aging.²⁷ Culturally hewn stereotypical beliefs and attitudes about older people may be assimilated at a young age, reinforced unconsciously over time, and integrated into an individual's psyche, perpetuating ageist sentiments.²⁸



STEREOTYPE CONTENT MODEL

Stereotype Content Model proposes that societal groups are classified by dimensions of warmth (e.g., trustworthy, kind, friendly) and competence (e.g., capable, independent, confident). In studies measuring these two variables, the older adult cohort is viewed as high warmth and low competence relative to younger adults. These results reflect common perceptions of elders as lower status and uncompetitive, traits which induce pity and sympathy rather than respect.²⁹



INTERGENERATIONAL CONFLICT THEORY

Intergenerational Conflict Theory is grounded in the notion that younger generations expect predecessor generations to transfer resources, minimally consume shared assets, and adhere to age-appropriate roles. To the extent these presumptions are not observed by older people, those who are younger may become agitated, provoking intergenerational age-prejudice.³⁰

AGEISM IN DISCOURSE

While age-bias is expressed across domains, it is particularly ubiquitous in common discourse. As a social construct, discourse embodies ideas drawn from the prevailing cultures, beliefs, experiences, and attitudes of the populace. Reflected values, however objectionable, are internalized by the public, translated into practice, and transmuted into reality through recurrent and reinforced narratives. Whether intended or inadvertent, discourse becomes the vehicle through which age prejudice become activated, normalized, and legitimized. Ageist tropes, which demark and depreciate the value of elders and relegate them to an out-group status, are thus forged and fomented in the public psyche as realized truth.³¹ Stereotypes which perpetuate negative and inaccurate perceptions of older adults are prevalent in the media, with outlets either underrepresenting or misrepresenting this population.³²



THE CONSEQUENCES OF AGEISM

Age-prejudice is associated with consequential and compounding harms for older adults. Among other impacts, ageism is correlated with:



Poorer medical and mental health outcomes



Employment discrimination



Significant monetary losses



Increased social isolation and loneliness



Environmental stressors



Elder abuse

Ageism Among Health Care Providers

- Studies have found that negative attitudes towards older patients and older age by physicians, medical students, and nurses compromised the quality of patient care, treatment options, and health outcomes. Provider assumptions of patients' functional and cognitive deficits have led to circumscribed provision of medical information, denial of certain treatments, and exclusion from clinical trials.³³ Similarly, ageist beliefs among mental health providers and trainees have been found to impact patient access to treatment.³⁴
- Some doctors have been found to disregard or misdiagnose complaints by older patients. A focus on disease management rather than disease prevention has caused practitioners to overlook possible treatments for patient complaints.³⁵ It has also led to medication mismanagement and a failure to provide person-centered, age-specific, and integrated care.³⁶
- Systematic reviews have shown that nurses' and trainees' attitudes toward older people have grown increasingly negative over the past decade. This increase may be due to the perceived increased workload and time commitment expected in treating older patients.³⁷
- Studies have shown that healthcare professionals exposed to older adult patients may experience heightened anxiety about aging.³⁸

Adverse Health Outcomes

- Pervasive adverse attitudes toward aging and older adults contributes to an increased risk of mortality, poorer cognitive and functional health, slower recovery from illness, and shorter lives among elders.³⁹ Perceived age discrimination and misperceptions of aging are also linked to greater psychological upset, depressive symptoms, social isolation, and diminished life satisfaction.⁴⁰ One study reported that older people with lower levels of education were more likely to experience the harmful health effects of ageism.⁴¹
- In a systematic review of 422 studies, with data from 7 million older adults addressing ageism in 45 countries during the period, 1970 to 2017, researchers found that ageism had significant adverse consequences on participants' health in 96% of the studies.⁴²
- One study found that over 17 million cases of some of the most prevalent health conditions impacting older people (cardiovascular disease, chronic respiratory disease, musculoskeletal disorders, injuries, diabetes mellitus, treatment of smoking, mental disorders, and non-communicable diseases) are attributable to ageism. Researchers suggested that a **10% decrease in the prevalence of ageism could correspond with a 1.7 million reduction in the number of cases.**⁴³
- At the institutional level, ageist beliefs impede the advancement of a health agenda that supports older people.⁴⁴

10% DECREASE
in the prevalence of ageism
= 1.7 MILLION fewer cases of health conditions



UNDERREPRESENTATION IN CLINICAL MEDICAL TRIALS

Older patients, especially those among the oldest old, were **disproportionally under-represented in clinical trials of Alzheimer’s disease**. In some studies, older people were repeatedly excluded from clinical trials of treatments, though the study objectives were relevant to them.⁴⁶



Ageism in Employment

- Studies have shown that employers view older employees as less competent, trainable, flexible, efficient, and technologically proficient.⁴⁷ These widespread ageist stereotypes and misperceptions in the workplace have been found injurious to older employees’ ability to gain employment, attain promotions, and retain their jobs.⁴⁸ On an institutional level, older employees encounter age prejudice such as compelled retirement on the basis of age.⁴⁹
- Workplace communications that are patronizing, such as co-workers speaking loudly or slowly to older employees, may abrade elder self-esteem and self-efficacy.⁵⁰ Perceived age discrimination in the workplace and concerns about aging have also been found to adversely influence job satisfaction and engagement. Workplace discrimination and termination may result in financial insecurity and instability. Collateral harms include the disruption of an individual’s employment and social network. Perceived social support has been shown to moderate these negative effects.⁵¹
- Once displaced, older workers are more likely to experience extended unemployment and take on lower paying, lower skilled work. Older employees are also more apt to work in less secure, part-time, or contract work.⁵²

Social Isolation

Ageist stereotypes and behaviors are associated with the exclusion of older people from meaningful activities and relationships.⁵³ Persistent ageism-induced social rejection may also cause older adults to avoid social engagement, resulting in the loss of critical companionship and loneliness, conditions which predispose elders to stress and poor medical and mental health outcomes.⁵⁴

Self-perceptions of Aging

- Older adults may implicitly and unconsciously consume ageist rhetoric through their lives and internalize stereotypes, resulting in self-directed negativity and eroded self-confidence.⁵⁵ These feelings can affect social engagement and the pursuit of employment opportunities. They may also impact elders’ perceptions of aging and their feelings about other members of their age group.⁵⁶
- Self-perceptions of ageism can exacerbate stress, impede cognitive function, increase the risk of Alzheimer’s disease,⁵⁷ lead to unhealthy behaviors, contribute to poor health outcomes, and incite brain changes in later life.⁵⁸

Financial Impact

Ageism costs the U.S. **\$63 billion in annual health care expenditures**.⁵⁹ One study estimated that **\$850 billion is lost in the annual production of goods and services** because of age-based discrimination.⁶⁰

Annual cost of Ageism

Loss of \$850 billion in production of goods and services

\$63 billion in annual health care expenditures



Intersectionality

Ageism is one component of multiple interacting and co-occurring oppressions embedded in societal structures that produces social differentiation and division.⁶¹ The intersection of age, race, ethnicity, gender, socioeconomic status, ableism, sexual orientation, and other complex and compounding characteristics contribute to the marginalization and discrimination of older adults.⁶²

Ageism in Long-term Care

- Studies have demonstrated ageist attitudes and practices among health providers, case workers, staffers, and administrators in long-term care facilities. Though behaviors may be unconscious and inadvertent, they impact resident access to services, treatment and care, and the dispensation of resources. Residents may suffer neglect, avoidance, exclusion, decreased autonomy, and disrespect.⁶³ In addition to the quality of services, ageist actions by staffers impact resident perceptions of self-worth and contribute to declining memory and cognitive health.⁶⁴ Despite evidence of the manifestations, cause, and prevalence of ageism in the provision of long-term care services, little attention is drawn to interventions to mitigate harms.⁶⁵
- For care providers, internalized ageism and anxiety adversely affected job satisfaction and retention. In one study of long-term care nurses, ageism was one of several factors that explained burnout.⁶⁶ Among facility employees, poor qualifications, reduced wages, and low self-esteem were associated with increased levels of age bias.⁶⁷
- Relational ageism, a process through which age bias is communicated, internalized, and repeatedly reinforced, is observed in the context of long-term services. Discriminatory behaviors by younger staffers toward residents both damage the self-efficacy of elders and foment a hostile environment for staffers' own future social engagement and ascent into elderhood.⁶⁸
- Research has established that caregivers with positive attitudes about aging responded with greater equanimity when dealing with stressors as compared with those with negative perceptions of aging.⁶⁹

Ageism Scales

Comprehensive and psychometrically valid ageism scales are needed to accurately determine the prevalence of ageism and assess whether available strategies to mitigate and/or prevent ageism are effective. In a study assessing the psychometric properties of 11 scales that purported to measure ageism, only one – the **12-item Expectations Regarding Aging (ERA-12) tool** – was deemed to have adequate content validity, structural validity, and internal consistency. This instrument measures individuals' expectations of their health and cognitive function as they age. According to the review, the ERA-12 was limited to the extent it evaluated explicit assessments of aging, namely age stereotypes, but did not address other dimensions of aging such as prejudice and discrimination. Further studies are warranted to understand the cross-cultural validity, measurement error, criterion validity, and responsiveness of the tool. The remaining scales reviewed in the study needed additional psychometric appraisal and refinement.⁷⁰

Legal Implications

Several federal laws prohibit discrimination based on age and provide mechanisms for enforcement. Some states have legislated additional protections for older people. Laws generally pertain to employment, housing, the provision of benefits from federal assistance programs, and the granting of credit. These laws include the **Age Discrimination in Employment Act of 1967**, the **Rehabilitation Act of 1973**, the **Age Discrimination Act of 1975**, the **Fair Housing Amendments Act of 1988**, and the **Americans with Disabilities Act of 1990**. The Equal Employment Opportunity Commission enforces federal laws that prohibit age discrimination.⁷¹ Several bills pending in Congress offer additional protection from discrimination and harassment.⁷²

COVID-19, OLDER ADULTS, AND AGEISM

The COVID-19 contagion has exposed and animated long simmering age prejudices within society. The pandemic unleashed discourse rife with depictions of older adults as helpless, burdensome, and expendable, provoking public dialogue about the prioritization of health care and allocation of essential resources. In addition to perpetuating negative perceptions of older adults and stoking age-based social divisions, these discussions laid bare persistent structural inequities which disproportionately inhibit older people from accessing appropriate medical treatment and employment opportunities. Among the age-based COVID impacts, older adults have faced increased medical morbidities, workplace discrimination, financial insecurity, and social isolation.⁷³

Interventions

Ageism is a pervasive and growing public concern that impacts all older adults and society at large on multiple intersecting and interrelated planes. The deleterious impacts of age-prejudice are many and well-documented. Comparatively, a reduction in ageism is significantly correlated with age positivity and health promotion.⁷⁴ Yet, there are a dearth of evidence-based interventions to mitigate the consequences of age bias at the interpersonal, societal, and systemic levels.⁷⁵ Moreover, little is known or understood about the efficacy of current anti-ageism approaches. Though theoretical frameworks have been developed and targeted strategies are emerging to obviate ageist attitudes and beliefs, interventions must be buttressed by robust research, public education, professional training, and global policy initiatives.⁷⁶



MODELS OF INTERVENTION

- The Reframing Aging initiative is a long-term, educational campaign designed to reframe the public's understanding of aging and underscore the many societal contributions made by older people. The initiative posits a solutions-oriented communications strategy highlighting the values of justice, equity, inclusion, and solidarity, collectively intended to promote positive perceptions of aging and reduce ageism.^{77,78}
- The Positive Education about Aging and Contact Experiences (PEACE) model consists of online education about aging combined with intergenerational contact for undergraduates. In studies assessing the efficacy of the strategy, student participants reported fewer negative attitudes toward older adults and greater knowledge of aging.^{79,80,81}
- Experiential education for students, including the use of aging simulation equipment, has been recognized as an efficacious means of introducing study participants to the challenges encountered by some older people and increasing their level of empathy towards those in later life.⁸²
- Older People: Equity, Respect & Ageing (OPERA) is an Australian primary prevention, ageism reduction model that disrupts ageist assumptions by framing aging as a positive experience and representing older people as active, upbeat, and socially connected. Community co-design and digital storytelling are utilized to give agency to older people's perceptions and experiences of age bias as a framework for prevention of elder abuse.⁸³
- Through its Employers Pledge Program, the American Association of Retired Persons (AARP) works with employers to create understanding regarding the value of experienced older workers, and has enlisted over 1,000 companies to pledge their commitment to combating age discrimination in the workplace.⁸⁴



RESEARCH

- Design rigorous research studies to examine the effectiveness of anti-ageism interventions.⁸⁵
- Develop studies to explore the consequences of ageism in long-term care settings.⁸⁶
- Consult with older community members regarding their perceptions and experiences of aging and ageism to inform research studies.⁸⁷
- Study the efficacy of intervention strategies that purport to improve ageist attitudes and behaviors, including variants of ageism manifest in self-directed and implicit age bias.^{88,89}
- Assess the effectiveness and variability of interventions across cultures and age-related social norms.⁹⁰
- Explore the intersecting axes of ageism and other forms of oppression.⁹¹
- Examine explicit and implicit ageism, at the individual and societal level to understand the manifestations and underpinnings of ageism.^{92,93}
- Appraise the health care, financial, and social impacts of ageism-based responses to the COVID-19 pandemic.⁹⁴
- Devise longitudinal designs, observational studies, qualitative approaches, and participatory action research to advance knowledge and inform policy and practice approaches aimed at creating age diverse workplaces and inclusive policies.⁹⁵
- Develop and validate a comprehensive scale that measures the prevalence and multidimensional aspects of ageism.⁹⁶



PRACTICE

- Facilitate sustained intergenerational exchanges or service-learning programs that foster interpersonal relationships between older people and students.^{97,98}
- Create age-friendly cities and communities which offer integrated health care and long-term services for older adults.⁹⁹
- Design age-friendly workplaces to optimize older employee safety, health, and wellness through modified work environments, human resource policies, flexible work schedules, and education.¹⁰⁰
- Establish programs in the workplace and within employment supportive services to challenge ageist assumptions and create understanding about older workers' abilities and capacities.¹⁰¹
- Refrain from chronological age-based assumptions which result in categorizations, blanket generalizations, and a lack of individualization,¹⁰² and adopt targeted, individually tailored, approaches in health care provision.¹⁰³
- Develop interventions that can be adapted across diverse national and cultural contexts.¹⁰⁴
- Encourage collective, cross-generational responsibility in public communications and forums to advance elder rights and counter age prejudice.¹⁰⁵
- Craft interventions that promote positive but realistic expectations about aging.¹⁰⁶
- Advocate for nuanced, diverse portrayals of older adults and the aging process in media and common discourse.¹⁰⁷



EDUCATION

- Promote in-service intergenerational contact and educational interventions to reduce ageism.¹⁰⁸
- Conduct diversity and inclusion trainings in the workplace that address age discrimination laws, the value of age diversity within the workforce, and workplace flexibility.¹⁰⁹
- Train health care providers in delivering more individualized, age-specific, integrated care which incorporates the patient's person-centric goals and treatment objectives.¹¹⁰
- Educate health care professionals in the specialized diagnosis and treatment of geriatric patients.¹¹¹
- Encourage practitioners, researchers, and students in health care professions to become critically reflexive about their own views of older age, the values underpinning their perceptions, and how these assumptions about aging shape the type and delivery of care to older patients.¹¹²
- Educate staffers in care settings to recognize ageism, understand how it is communicated, and identify means to disrupt age stereotypes and promote age diversity and elderhood in practice.¹¹³



POLICY

- Institute a national aging strategy to promote healthy and productive aging, implemented at the state and local level with interdisciplinary support to develop broad-based, solutions with socio-economic benefits.¹¹⁴
- Enact federal legislation and state statutes that create broader protections for older workers from explicit and subtle forms of age discrimination.¹¹⁵
- Support the World Health Organization's Decade of Healthy Aging, a 10-year global initiative to improve the health, wellbeing, and lives of older adults worldwide. The Initiative proposes to combat ageism through the establishment of age friendly communities, integrated health care, and long-term care supports.¹¹⁶

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